

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
ETHICS COMMISSION

SWORN COMPLAINT
AND
AFFIDAVIT

The full name of the person(s) or legal entity (hereinafter called the "Complainant") filing the Complaint is _____.

If the Complainant is a legal entity, it is ☐ a corporation; ☐ a partnership; or _____

(Check one of the first two or fill in the type of legal entity in the third blank). The Complainant's address

is _____.
(Mailing or street address including zip code)

The Complaint is as follows:

I.

Name, Title, and Address of Respondent

The Respondent(s) _____,
(Name of Respondent(s))

is currently _____.
(Position or title of each Respondent)

The Respondent's address is _____
(Mailing or street address including zip code)

_____.

II.

Nature of Violation

(If possible, state the ordinance violated)

(If more space is needed, attach a sheet immediately after this first page and number it as "Page 1(a)".)

III.

Statement of Facts

(State the facts and dates or period(s) of time in support of allegations)

Please be simple, concise and direct

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

(If more space is needed, attach a sheet immediately after this second page and number it as "Page 2(a)".)

IV.

Listing of Documents and Other Materials

(List or attach, if possible, any documents or portions of documents which relate to the allegations)

[illegible]

(If more space is needed, attach a sheet immediately after this third page and number it as "Page 3(a)".)

DO YOU WAIVE THE CONFIDENTIALITY OF THE EXISTENCE OF ANY PRELIMINARY INQUIRY CONCERNING THIS COMPLAINT?

YES ☐

NO ☐

AFFIDAVIT

COMMONWEALTH OF KENTUCKY
COUNTY OF FAYETTE

COMES NOW, _____ (Complainant), and being duly sworn, deposes and states as follows: I, being the heretofore named Complainant or an authorized representative of the same, do swear or affirm, under penalty of perjury, that I have knowledge of the facts alleged hereinabove and the information contained herein is true and correct.

Signature of Complainant

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My commission expires: _____

NOTARY PUBLIC

WHERE TO FILE

RETURN COMPLETED COMPLAINT TO:

Susan Lamb, Council Clerk
Lexington-Fayette Urban County Government
Council Clerk's Office
200 East Main Street, 2nd Floor
Lexington, Kentucky 40507

NOTICE

**IF THERE ARE MULTIPLE COMPLAINANTS, COMPLETED COPIES OF
THIS PAGE MUST BE SUBMITTED FOR EACH COMPLAINANT.**